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Fill in this information to identify your case:	
United States Bankruptcy Court for the:	
Northern District of: Illinois (State)	
Case number (if known)	Chapter you are filing under:
	Chapter 7 Chapter 11
	Chapter 12 Chapter 13

#### Official Form 101

#### Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself		
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Your full name	Torinna	
	First name	First name
Write the name that is on your government-issued		
picture identification (for	Middle name	Middle name
example, your driver's license or passport	Johnson	
· ·	Last name	Last name
Bring your picture identification to your	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
meeting with the trustee.	Garrix (Gr., Gr., II, III)	Cutif (Ci., Ci., II, III)
2. All other names you		
have used in the last	First name	First name
8 years		
Include your married or	Middle name	Middle name
maiden names.	Last name	Last name
	Last Harrie	Last Harrie
	First name	First name
	Middle name	Middle name
	Last name	Last name
3. Only the last 4 digits	XXX - XX- 9039	xxx - xx-
of your Social Security number or		<del></del>
federal Individual	OR	OR
Taxpayer Identification number	9 xx - xx-	9 xx - xx-
(ITIN)		

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Debtor 1 Torinna	Johnson	Case number (if known)
First Name	Middle Name Last Name	
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Any business names and Employer Identification	I have not used any business names or EINs.	I have not used any business names or EINs.
Numbers (EIN) you have used in the last	Business name	Business name
8 years Include trade names and	Business name	Business name
doing business as names	EIN	EIN
	EIN	EIN
5. Where you live	45000 Web ask A	If Debtor 2 lives at a different address:
	15239 Wabash Ave Number Street	Number Street
	South Holland Illinois 60473 City State Zip Code	City State Zip Code
	Cook	
	County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
	Number Street	Number Street
	City State Zip Code	City State Zip Code
6. Why you are choosing this district	Check one:	Check one:
to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
	I have another reason. Explain. (See 28 U.S.C. §§ 1408.)	I have another reason. Explain. (See 28 U.S.C. §§ 1408.)
	-	

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Debtor 1 Torinna		Johnson	Case number (if knd	pwn)
First Name	Middle Name	Last Name		
Part 2: Tell the Court Abo	out Your Bankruptcy C	Case		
7. The chapter of the Bankruptcy Code you are choosing to file under		f description of each, see <i>Notice Req</i> (10)). Also, go to the top of page 1 and		
8. How you will pay the fee	more details about cashier's check, or may pay with a creation in the cashier's check, or may pay with a creation in the cashier's check, or may pay with a creation in the cashier's check, or may pay with a creation in the cashier cashier in the cashier	It how you may pay. Typically, if your money order. If your attorney is seedit card or check with a pre-print fee in installments. If you choose Your Filing Fee in Installments (Corfee be waived (You may request not required to, waive your fee, any line that applies to your family s	ou are paying the submitting your ed address. e this option, sign official Form 103 this option only are and you are used.	• •
9. Have you filed for bankruptcy within the last 8 years?	Ves. District District District	When When	MM / DD / YYYY	Case number  Case number  Case number
10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	Yes. Debtor District Debtor District	When When	MM / DD / YYYY	Relationship to you  Case number, if known  Relationship to you  Case number, if known
11. Do you rent your residence?	✓ No. Go to	dlord obtained an eviction judgment a to line 12. out <i>Initial Statement About an Eviction</i> bankruptcy petition.		st You (Form 101A) and file it with

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Debtor 1 Torinna Johnson Case number (if known) First Name Middle Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance Bankruptcy Code and sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are vou a small business debtor? Ⅵ I am not filing under Chapter 11. For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have ✓ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Torinna Johnson Case number (if known)

First Name Middle Name Last Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan, Attach a copy of the certificate and the payment plan, The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you plan, if any. plan, if any. are not eligible to file. I certify that I asked for credit counseling services ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental I have a mental illness or a mental Incapacity. Incapacity. deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. Disability. My physical disability causes me to Disability. My physical disability causes me to be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for

waiver of credit counseling with the court.

waiver of credit counseling with the court.

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Debtor 1 Torinna			se number <i>(if known)</i>	
First Name		st Name		
Part 6: Answer These Que 16. What kind of debts do you have?	estions for Reporting Purposes  16a. Are your debts primarily of "incurred by an individual power No. Go to line 16b.  Yes. Go to line 17.  16b. Are your debts primarily be money for a business or involution No. Go to line 16c.  Yes. Go to line 17.  16c. State the type of debts you	rimarily for a personal, fa usiness debts? Business restment or through the c	mily, or household puse that operation of the busin	urpose."  you incurred to obtain ness or investment.
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	✓ No.			
18. How many creditors do you estimate that you owe?	✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 10,001-25,000	<u> </u>	25,001-50,000 50,001-100,000 More than 100,000
19. How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 \$10,000,001-\$5 \$50,000,001-\$1 \$100,000,001-\$	00 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20. How much do you estimate your liabilities to be?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 \$10,000,001-\$5 \$50,000,001-\$1 \$100,000,001-\$	00 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
Part 7: Sign Below				
For you	I have examined this petition, and correct.  If I have chosen to file under Chap of title 11, United States Code. It under Chapter 7.  If no attorney represents me and I out this document, I have obtained I request relief in accordance with I understand making a false state connection with a bankruptcy case both. 18 U.S.C. §§ 152, 1341, 15	pter 7, I am aware that I munderstand the relief avail I did not pay or agree to ped and read the notice reconthe chapter of title 11, Ument, concealing properties can result in fines up to 519, and 3571.	nay proceed, if eligible ilable under each chap pay someone who is required by 11 U.S.C. § United States Code, spay, or obtaining money o \$250,000, or impris	e, under Chapter 7, 11,12, or 13 pter, and I choose to proceed not an attorney to help me fill 342(b). pecified in this petition. y or property by fraud in sonment for up to 20 years, or
	Signature of Debtor 1		Signature of Debtor 2	2
	Executed on 3/30/2018 MM / DD /	YYYY	Executed on	MM / DD / YYYY

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Debtor 1 Torinna		Johnson	Case number (if	known)
First Name	Middle Name	Last Name		
For your attorney, if you are represented by one	eligibility to proceed un relief available under ea	der Chapter 7, 11, 12 ch chapter for which t	, or 13 of title 11, United the person is eligible. I a	d States Code, and have explained the also certify that I have delivered to the
If you are not	. ,			which § 707(b)(4)(D) applies, certify that I
represented by an	have no knowledge afte	r an inquiry that the ir	nformation in the sched	ules filed with the petition is incorrect.
attorney, you do not need to file this page.	/s/ Susan Eberhard Signature of Attorney		Date	3/30/2018 IM / DD / YYYY
	Susan Eberhardt Printed name			
	Filinted frame			
	Semrad Law Firm			
	Firm name			
	11101 S. Western Av	enue		
	Street			
	Chicago		Illinois	60643
	City		State	Zip Code
	Contact phone	3124473701	Email address	seberhardt@semradlaw.com
			Illinois	
	Bar number		State	<u></u>

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Fill in this infor	mation to identify your c	ase:	
Debtor 1	Torinna		Johnson
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for the:	Northern	District of Illinois
			(State)
Case number (If known)			

Check if this is an
amended filing

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

	Your assets Value of what you own
. Schedule A/B: Property (Official Form 106A/B)	\$0.00
1a. Copy line 55, Total real estate, from Schedule A/B	Ψ0.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$700.00
1c. Copy line 63, Total of all property on Schedule A/B	\$700.00
art 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$0.00
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	<del></del>
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$0.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$5,000.00
Your total liabilities	\$5,000.00
art 3: Summarize Your Income and Expenses	
. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of Schedule I	\$0.00
. Schedule J: Your Expenses (Official Form 106J)	\$0.00

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Debtor 1 Torinna Johnson Case number (if known) First Name Middle Name Last Name Part 4: **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  $\square$ 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$0.00 Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: **Total claim** From Part 4 on Schedule E/F, copy the following: \$0.00 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00 9d. Student loans. (Copy line 6f.) \$0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$0.00

9g. Total. Add lines 9a through 9f.

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Fill in this	information to identify your c	ase:					
Debtor 1	Torinna			Johnson	_		
Debtor 2	First Name	Middle N	ame	Last Name			
(Spouse, if fil	ing) First Name	Middle N	ame	Last Name	-		
United Sta	ites Bankruptcy Court for the:	Northern		District of Illinois	_		
Case num	ber			(State)	_		
Officia	l Form 106A/B						Check if this is an amended filing
Sched	dule A/B: Prope	erty					12/1
category v responsibl write your	tegory, separately list and o where you think it fits best. I e for supplying correct infor name and case number (if k Describe Each Residenc	Be as complete ar mation. If more sp known). Answer ev	nd accurate pace is nee very question	e as possible. If two marrie ded, attach a separate sho nn.	d people are eet to this fo	e filing together, both a orm. On the top of any a	re equally
1. Do you	own or have any legal or ed	quitable interest i	n any resid	ence, building, land, or sin	nilar propert	y?	
	No. Go to Part 2  Yes. Where is the property?						
1.1	Street address, if available, or	other description	Single-	e property? Check all that a family home or multi-unit building	pply.	the amount of any secu	claims or exemptions. Put red claims on Schedule D: ims Secured by Property.
			Condo	minium or cooperative actured or mobile home		Current value of the entire property?	Current value of the portion you own?
	Number Street  City State	Zip Code	Land Investr Timesh Other	nent property nare		Describe the nature of interest (such as fee sthe entireties, or a life	simple, tenancy by
			one.  Debtor	n interest in the property?  1 only 2 only	Check	Check if this is co (see instructions)	mmunity property
			Debtor At leas	1 and Debtor 2 only tone of the debtors and ano			
				rmation you wish to add a dentification number <u>:</u>	DOUT THIS ITE	m, such as local	
If you	own or have more than one, li Street address, if available, or		Single-	e property? Check all that a family home or multi-unit building	pply.	the amount of any secu	claims or exemptions. Put red claims on Schedule D: ims Secured by Property.  Current value of the
			Manuf	minium or cooperative actured or mobile home		entire property?	portion you own?
	Number Street  City State	Zip Code	Land Investr Timesh Other	nent property nare		Describe the nature of interest (such as fee sthe entireties, or a life	simple, tenancy by
			Who has a one.  Debtor Debtor Debtor At leas  Other info	n interest in the property?  1 only 2 only 1 and Debtor 2 only tone of the debtors and ano rmation you wish to add aldentification number:	ther	(see instructions)	ommunity property

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ebtor 1	Torinna First Name	Middle Name	Johnson Case	number (if known)	
	eet address, if available, or c	other description	What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  Land  Investment property	the amount of any sec Creditors Who Have C  Current value of the entire property?  Describe the nature	portion you own?  of your ownership
Cit	y State	Zip Code	Timeshare Other Other Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this	one. (see instructions	ife estate), if known.
2. Add	d the dollar value of the p				
art 2:	that someone else drives. If ans, trucks, tractors, sport u	es r equitable interes you lease a vehicle	st in any vehicles, whether they are registere, also report it on Schedule G: Executory Contract	ed or not? Include any vehicles	3
art 2:  o you or u own Cars, v	Describe Your Vehicl wn, lease, or have legal o that someone else drives. If ans, trucks, tractors, sport to es	es r equitable interes you lease a vehicle	st in any vehicles, whether they are registere, also report it on Schedule G: Executory Contract	ed or not? Include any vehicles cts and Unexpired Leases.  heck  Do not deduct secure the amount of any se Creditors Who Have C  Current value of the entire property?	ed claims or exemptions. Puscured claims on Schedule L Claims Secured by Property.

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tor 1	TOTITIA	Johnson Case nu	mber (if known)
	First Name	Middle Name Last Name	
3.3	Make Model: Year: Approximate mileage: Other information:	Who has an interest in the property? Checone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (sinstructions)	the amount of any secured claims on Schedule Creditors Who Have Claims Secured by Property  Current value of the entire property?  Current value of the portion you own?
3.4	Make Model: Year: Approximate mileage:	Who has an interest in the property? Checone.  Debtor 1 only	the amount of any secured claims on Schedule Creditors Who Have Claims Secured by Propert
	Other information:	Debtor 2 only  Debtor 1 and Debtor 2 only	Current value of the entire property? Current value of the portion you own?
		At least one of the debtors and another	
Exar	nples: Boats, trailers, motors, pers	Check if this is community property (s instructions)  ATVs and other recreational vehicles, other vehicles, and sonal watercraft, fishing vessels, snowmobiles, motorcycle acce	accessories
Exar	nples: Boats, trailers, motors, pers No Yes Make	instructions)  ATVs and other recreational vehicles, other vehicles, and	accessories esories
Exar	nples: Boats, trailers, motors, pers No Yes	instructions)  ATVs and other recreational vehicles, other vehicles, and sonal watercraft, fishing vessels, snowmobiles, motorcycle acce  Who has an interest in the property? Check	accessories esories  k Do not deduct secured claims or exemptions. F
Exar	nples: Boats, trailers, motors, pers  No  Yes  Make  Model:  Year:	instructions)  ATVs and other recreational vehicles, other vehicles, and sonal watercraft, fishing vessels, snowmobiles, motorcycle acce  Who has an interest in the property? Checone.  Debtor 1 only	Do not deduct secured claims or exemptions. If the amount of any secured claims on Schedule Creditors Who Have Claims Secured by Propert Current value of the entire property?  Current value of the portion you own?
4.1	Make Model: Other information:  Make Model: Year: Approximate mileage:  Make Model: Year:  Make	who has an interest in the property? Checone.  Debtor 1 and Debtor 2 only  Debtor 1 and Debtors and another  Check if this is community property (sinstructions)  Who has an interest in the property? Checone.  Debtor 1 and Debtor 2 only  Debtor 2 only  Debtor 1 and Debtor 3 only  Check if this is community property (sinstructions)  Who has an interest in the property? Checone.  Debtor 1 only	Do not deduct secured claims or exemptions. If the amount of any secured claims on Schedule Creditors Who Have Claims Secured by Propertion Current value of the entire property?  Current value of the portion you own?
4.1	nples: Boats, trailers, motors, personnels: Boats, trailers, motors, personnels  No Yes  Make Model: Year: Approximate mileage: Other information:  Make Model:	who has an interest in the property? Checone.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (sone).  Who has an interest in the property? Checone.	Do not deduct secured claims or exemptions. It the amount of any secured claims on Schedule Creditors Who Have Claims Secured by Propert Current value of the entire property?  Do not deduct secured claims or exemptions. It the amount of any secured claims on Schedule Chairs Schedule Chairs Schedule Chairs on Schedule Chairs Chairs on Schedule Chairs Chair

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Debtor 1 Torinna Johnson Case number (if known) First Name Middle Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Misc. Household Goods \$50.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... Computer \$100.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... Misc. Used Clothing \$300.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... Misc. Jewelry \$150.00 13. Non-farm animals Examples: Dogs, cats, birds, horses Nο Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list **✓** No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$700.00 for Part 3. Write that number here ......

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Debtor 1 Torinna Johnson Case number (if known) First Name Middle Name Last Name **Describe Your Financial Assets** Part 4: Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes ..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Institution name: 17.1. Checking account: 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ◪ No Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No Name of entity % of ownership: Yes. Give specific information about them

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Debt	tor 1 Torinna		Johnson	Case number (if known)	
	First Name	Middle Name	Last Name		
20.	Negotiable instruments	porate bonds and other negotia s include personal checks, cashier nents are those you cannot transf	s' checks, promissory not	es, and money orders.	
	Yes. Give specific information about them	Issuer name:			
21.			o), thrift savings accounts	, or other pension or profit-sharing plans	
	✓ No	Type of account:	Institution name:		
	Yes. List each account separately.	401(k) or similar plan:			
	ooparatoly:	Pension plan:			
		IRA:			
		Retirement account:			
		Keogh:			
		Additional account:			
		Additional account:			
22.		d prepayments ed deposits you have made so the with landlords, prepaid rent, pub			
	Yes	Electric:	-		
		Gas:			
		Heating oil:			
		Security deposit on rental unit:			
		Prepaid rent:			
		Telephone:			
		Water:			
		Rented furniture:			
		Other:			
23.	Annuities (A contract	for a periodic payment of money t	o you, either for life or for	a number of years)	
	✓ No ☐ Yes	Issuer name and description:			
		-			

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Debt	tor 1 Iorinna				number (if known)	
24.	First Name Interests in an e	Middle education IRA, in an ac		ast Name BLE program, or under a quali	ified state tuition program.	
	26 U.S.C. §§ 530	O(b)(1), 529A(b), and 529	9(b)(1).			
	✓ No In Yes	stitution name and descri	iption. Separately file th	e records of any interests.11 U.S	S.C. § 521(c):	
	_					
25.	Trusts, equitable exercisable for		property (other than	anything listed in line 1), and ı	rights or powers	
	✓ No  Yes. Describe	•				
	Tes. Describe	5				
26.		ghts, trademarks, trade				
	□ Na	et domain names, websit	es, proceeds from roya	alties and licensing agreements		
	✓ No  Yes. Describe	e				
27.		nises, and other genera	-	niction haldings liquor licenses	ovofosoja nal liganaga	
	No No	ig permits, exclusive licer	ises, cooperative assoc	ciation holdings, liquor licenses, p	ororessional licenses	
	Yes. Describe	e				
Мо	ney or property	owed to you?				Current value of the portion you own?  Do not deduct secured claims or exemptions.
28.	Tax refunds owe	d to you				·
	✓ No	atti a ta fa um atta u			Federal:	\$0.00
	about th	ecific information nem, including whether			State:	\$0.00
	-	ady filed the returns tax years				
29.	Family support				Local:	\$0.00
		ue or lump sum alimony,	spousal support, child	support, maintenance, divorce s	ettlement, property settlemen	t
	✓ No  Ves Give see	cific information			Alimony:	\$0.00
	Tes. Give spe	ene inomator			Maintenance:	\$0.00
					Support:	\$0.00
					Divorce settlement:	\$0.00
					Property settlement:	\$0.00
30.		omeone owes you wages, disability insuran	ce payments disability	benefits, sick pay, vacation pay,	workers' compensation	
		Security benefits; unpaid				
	✓ No  Ves Describe					
	✓ No  Yes. Describe					

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Deb <sup>1</sup>	tor 1 Torinna		Johnson	Case number (if known)	
	First Name	Middle Name	Last Name		
31.	Interests in insurance				
	Examples: Health, disabil	ity, or life insurance; he	alth savings account (HSA); credit, l	nomeowner's, or renter's insurance	
	✓ No		0	Day of class	0
	Yes. Name the insura	ance company	Company name:	Beneficiary:	Surrender or refund value
	of each policy and lis				
32	Any interest in property	v that is due you from	someone who has died		
02.				cy, or are currently entitled to receive	
	property because someo	ne has died.			
	.∡ No				
	Yes. Describe				
	Tes. Describe				
33.	Claims against third pa	rties. whether or not	you have filed a lawsuit or made	a demand for payment	
			urance claims, or rights to sue	a domaina ioi paymoni	
	No.				
	✓ No				_
	Yes. Describe				
2.4	Other centingent and		f aam. mata imaldima aamta	alaima af tha dahtar and rights	
34.	to set off claims	iniiquidated ciaims o	f every nature, including counter	claims of the debtor and rights	
	✓ No				
	Yes. Describe				
0.5		<del></del>			
35.	Any financial assets yo	u did not already list			
	<b>✓</b> No				
	Yes. Describe				
0.0	A 1.1.11				
36.		•	m Part 4, including any entries f		
	ioi rait 4. Write that h	umber nere		······	
Part	5: Describe Any Bu	siness-Related Pro	operty You Own or Have an I	nterest In. List any real estate in P	art 1.
37.	Do you own or have any	y legal or equitable ir	nterest in any business-related p	operty?	
	No. Go to Part 6.				Current value of the
					portion you own?
	Yes. Go to line 38.				Do not deduct secured claims
00	A				or exemptions
38.	Accounts receivable or	commissions you ali	eady earned		
	<b>✓</b> No				
	Yes. Describe				
					_
39.	Office equipment, furni	shings, and supplies			
	Examples: Business-relat	ed computers, softwar	e, modems, printers, copiers, fax m	achines, rugs, telephones, desks, chairs, e	lectronic devices
	<b>✓</b> No				
	Yes. Describe				
	LI 166. Dosolibe				

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Deb	tor 1 Torinna		ber (if known)	
ı	First Name	Middle Name Last Name		
40.	Machinery, fixtures, e	quipment, supplies you use in business, and tools of your trade		
	<b>✓</b> No			
	Yes. Describe			
	ш			
		<u> </u>		
41.	Inventory			
	<b>✓</b> No			
	Yes. Describe			
	Tes. Describe			
42.	Interests in partnersh	ips or joint ventures		
	✓ No			
		Name of entity:	% of ownership:	
	Yes. Give specific information about			
	them			
12	Customor lists mailing	liete or other compilations		
43.	Customer lists, mailing	lists, or other compilations		
	<b>✓</b> No			
	Yes. Do your lists in	nclude personally identifiable information (as defined in 11 U.S.C. § 101(41A))?		
	— No			
	□ No	9		
	Yes. Desc	nbe		
44	Any husiness-related	property you did not already list		
		proporty you are not amount not		
	<b>✓</b> No			
	Yes. Give specific			
	information			
				<u> </u>
		-		
45 A	dd the dollar value of s	all of your entries from Part 5, including any entries for pages you have at	tached	
		er here		
<u> </u>				
Part	<sub>6:</sub> Describe Any Fa	arm- and Commercial Fishing-Related Property You Own or Ha	ve an Interest In.	
	If you own or have an	interest in farmland, list it in Part 1.		
46.	Do you own or have a	ny legal or equitable interest in any farm- or commercial fishing-related p	property?	
	No. Go to Part 7.			urrent value of the
	Yes. Go to line 47.			ortion you own?
	163. 00 10 11110 47.			o not deduct secured claims exemptions
47	Farm animals		01	
.,.	Examples: Livestock, p	oultry, farm-raised fish		
	No No			
	<u> </u>			
	Yes. Describe			

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Debt	or 1 Torinna	Addalla Massa	Johnson	Case number (if known)	
	First Name	Middle Name	Last Name		
48.	Crops-either growing of	or harvested			
	<b>✓</b> No				
	Yes. Describe				
	_				
	-				
49.	Farm and fishing equip	ment, implements, machinery, fixtu	res, and tools of trade		
	<b>✓</b> No				
	Yes. Describe				
	_				
50.	Farm and fishing suppl	ies, chemicals, and feed			
	<b>✓</b> No				
	Yes. Describe				
E 4	Any form and common	 cial fishing-related property you did	not alveady list		
51.	Any larm- and commer	cial lishing-related property you did	not aiready list		
	<b>✓</b> No				
	Yes. Describe				
				Г	
		l of your entries from Part 6, includir		-	
for Pa	irt 6. Write that number	here			
Part 1	Dosoribo All Pro	perty You Own or Have an Inter	act in That You Did N	lot List Abovo	
				TOT LIST ABOVE	
53.		perty of any kind you did not already s, country club membership	IISt?		
	√ No	,			
	Yes. Give specific information				
		-			
54. A	dd the dollar value of al	l of your entries from Part 7. Write th	nat number here		<b>&gt;</b>
Part	I ist the Totals of	Each Part of this Form			
rait					
55. <b>F</b>	Part 1: Total real estate	, line 2		<b>&gt;</b>	
56. <b>r</b>	oart 2 total vehicles, line	e 5			
57. <b>P</b>	art 3: Total personal an	d household items, line 15	\$700.00		
58. <b>P</b>	art 4: Total financial as	sets, line 36	<del>.</del>		
			-		
59. F	Part 5: Total business-re	elated property, line 45			
60. <b>F</b>	Part 6: Total farm- and f	ishing-related property, line 52			
61. <b>F</b>	Part 7: Total other prope	erty not listed, line 54			
62. 1	otal personal property.	Add lines 56 through 61	. \$700.00		+ \$700.00
			<del>,</del>	Copy personal property total	
					\$700.00
63. <b>T</b>	otal of all property on S	chedule A/B. Add line 55 + line 62			Ψ100.00
					i .

Debtor 1	Torinna		Johnson	Case number (if known)	
	First Name	Middle Neme	Loot Nama		

#### Schedule A/B: Property. Additional page

Part 3: Describe	Part 3: Describe Your Personal and Household Items				
Do you own or have	ve any legal or equitable interest in any of the following items?	Current value of the portion you own?  Do not deduct secured claims or exemptions.			
7.2. Electronics					
No No Describe	0.11.01				
Yes. Describe	Cell Phone	\$100.00			

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		Docu	ment Page	e 21 of 63	
Fill in this info	rmation to identify your case:				
Debtor 1	Torinna		Johnson		
Dobtor 0	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the: Nor	thern D	istrict of Illinois		
Case number			(State)		
(If known)					
Official	Form 106C				Check if this is a amended filing
Schedul	e C: The Propert	y You Claim a	s Exempt		04/1
For each ite state a specthe amount tax-exempt under a law your exempt 1. Uder 1. Which se You 2. For any part 1:	ges, write your name and of most property you claim a sific dollar amount as exert of any applicable statutor retirement funds—may be that limits the exemption ion would be limited to the stift the Property You Claim are claiming state and federal are claiming federal exemption or operty you list on Schedule	case number (if known) as exempt, you must sompt. Alternatively, you ry limit. Some exempt e unlimited in dollar at to a particular dollar at a particular dollar are applicable statutor aim as Exempt ming? Check one only, eval nonbankruptcy exemptons. 11 U.S.C. § 522(b)(4 A/B that you claim as exemptons.	pecify the amount may claim the finance such as the mount. However amount and the sy amount.  The if your spouse is the fittions. 11 U.S.C. § 5 (2)  Exempt, fill in the information of the first spouse is the fittions.	nt of the exemption you ull fair market value of ose for health aids, right, if you claim an exemptivalue of the property is willing with you.  22(b)(3)  ormation below.	Page as necessary. On the top of an a claim. One way of doing so is to the property being exempted up to to to receive certain benefits, and otion of 100% of fair market value a determined to exceed that amoun
	cription of the property and chedule A/B that lists this	Current value of the portion you own	Amount of the exe	emption you claim x for each exemption.	Specific laws that allow exemption
		Copy the value from Schedule A/B			
Brief					735 ILCS 5/12-1001(a)
descriptio		\$300.00	<b>✓</b>	\$300.00	
Line from Schedule			100% of fair napplicable sta	narket value, up to any	_
Brief	AVB. 11				735 ILCS 5/12-1001(b)
description		\$150.00	<b>✓</b>	\$150.00	
Line from			100% of fair napplicable sta	narket value, up to any	_
	A/B: 12  claiming a homestead exemple adjustment on 4/01/19 and 6	-	375?	<u> </u>	

☐ No Yes

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

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Debtor 1 Torinna Johnson Case number (if known) First Name Middle Name Last Name **Additional Page** Part 2: Brief description of the property and Current value of Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you Check only one box for each exemption. property own Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(b) \$50.00 description:  $\checkmark$ \$50.00 Misc. Household Goods 100% of fair market value, up to any I ine from applicable statutory limit Schedule A/B: 06 735 ILCS 5/12-1001(b) \$100.00 description: **✓** \$100.00 Computer 100% of fair market value, up to any Line from applicable statutory limit 07 Schedule A/B: Brief 735 ILCS 5/12-1001(b) description: \$100.00 **✓** \$100.00 **Cell Phone** 100% of fair market value, up to any Line from applicable statutory limit

07

Schedule A/B:

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			· ·			
Fill in this in	nformation to identify your c	ase:				
Debtor 1	Torinna		Johnson			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filir	First Name	Middle Name	Last Name			
United Stat	es Bankruptcy Court for the:	Northern	District of Illinois			
			(State)			
Case numb	oer					
						Check if this is an
Officia	al Form 106D					amended filing
Sche	dule D: Credit	ors Who Ha	ve Claims Secu	red by Prop	erty	12/15
more space	· -		le are filing together, both are e mber the entries, and attach it t			
1. <b>D</b> o ar	ny creditors have claims s	secured by your proper	ty?			
V	lo. Check this box and sub	mit this form to the court	with your other schedules. You h	ave nothing else to rep	ort on this form.	
□ Y	es. Fill in all of the information	on below.				
Part 1: L	ist All Secured Claims					
for eac		ditor has a particular claim	rred claim, list the creditor separatel, list the other creditors in Part 2. As g to the creditor's name.		Column B Value of collateral that supports this claim	Column C Unsecured portion If any

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						ī			
Fill i	n this inforr	nation to identify your c	ase:						
Deb	tor 1	Torinna		Johnson					
	_	First Name	Middle Name	Last Nam	Э				
	tor 2	<u></u>							
(Spo)	use, if filing)	First Name	Middle Name	Last Nam	9				
Unit	ed States B	ankruptcy Court for the:	Northern	District of Illino					
Case (If knd	e number own)	-							
Off	icial Fo	orm 106E/F				l	Che	ck if this is an	n amended filing
Sc	hedu	le E/F: Cre	ditors Who	Have U	nsecure	d Claims			12/15
other Form clain the e know	r party to a 1 106A/B) a ns that are entries in th n).	ny executory contracts ind on Schedule G: Exe listed in Schedule D: C ne boxes on the left. At	ble. Use Part 1 for credito s or unexpired leases that cutory Contracts and Une creditors Who Hold Claims tach the Continuation Pa	could result in a expired Leases (6 s Secured by Pro	n claim. Also list o Official Form 1060 De <i>rty</i> . If more spa	executory contracts 3). Do not include a ce is needed, copy	s on <i>Schedເ</i> ny creditor the Part yo	<i>lle A/B: Prop</i> s with partia ou need, fill i	perty (Official ally secured t out, number
1.	-	editors have priority un Go to Part 2.	secured claims against y	ou?					
2.	listed, iden As much a Continuati	tify what type of claim it as possible, list the claims on Page of Part 1. If mor	d claims. If a creditor has m is. If a claim has both priorit in alphabetical order accorde than one creditor holds a claim, see the instructions f	y and nonpriority ding to the credito particular claim, lis	amounts, list that or's name. If you hat t the other creditor	claim here and show we more than two pr s in Part 3.	both priority	and nonprior	rity amounts.
							Total claim	Priority amount	Nonpriority amount

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Debt	or 1	Torinna First Name	Middle Name	Johnson Last Name	Case number (if known)	
Part	2:	List All of Your NONPRIO				
4.	List unse	Yes. all of your nonpriority unsecue cured claim, list the creditor sep	ort in this part. Submit ured claims in the alph parately for each claim. F	this form to the nabetical order for each claim lis	court with your other schedules.  Tof the creditor who holds each claim. If a creditor has more sted, identify what type of claim it is. Do not list claims already in lart 3.If you have more than four priority unsecured claims fill ou	cluded in Part 1.
						Total claim
4.1	No 27 No	. Secretary of State onpriority Creditor's Name 701 S. Dirksen Parkway umber Street	62723	\	When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated	\$5,000.00
		Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors an  Check if this claim relates  the claim subject to offset?	Zip Cod one. d another		Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Other	
4.2	N: 25	aymond Cooke Theodore (Attorr onpriority Creditor's Name 5 W Randolph St, umber Street	ney)		When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent	\$0.00
	© W	hicago Illinois ity State Tho incurred the debt? Check of Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors an Check if this claim relates the claim subject to offset?	Zip Cod one. d another		Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Notice Only	

Yes

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Debtor 1 Torinna Johnson Case number (if known)
First Name Middle Name Last Name

Part 4: Add th	ne Amounts for Each Type of Unsecured Claim			
	mounts of certain types of unsecured claims. This information is nounts for each type of unsecured claim.	for s	tatistical reporting purposes only	y. 28 U.S.C. §159.
			Total claims	
Total claims from Part 1	6a. Domestic support obligations.	6a.	\$0.00	
	6b. Taxes and certain other debts you owe the government	6b.	\$0.00	
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$0.00	
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$0.00	
	6e. Total. Add lines 6a through 6d.	6e.	\$0.00	
			Total claims	
Total claims from Part 2	6f. Student loans	6f.	\$0.00	
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00	
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00	
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$5,000.00	
	6i. Total. Add lines 6f through 6i.	6i.	\$5,000.00	

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Debtor 1	Torinna		Johnson	n
	First Name	Middle Name	Last Name	me
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	me
United States E	Bankruptcy Court for the:	Northern	District of Illinois	nois
			(State)	ate)
Case number				

#### Official Form 106G

#### Check if this is an amended filing

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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			20	ournoine i ago	20 0. 00
Fill	n this infor	mation to identify you	r case:		
Deb	otor 1	Torinna		Johnson	
		First Name	Middle Name	Last Name	
	otor 2 use, if filing)	First Name	Middle Name	Last Name	
Uni	ted States E	Bankruptcy Court for th	e: Northern	District of Illinois	
			<u></u>	(State)	
(If kn	e number own)				
					Check if this is an amended filing
<u>Of</u>	ficial	Form 106F	<u> </u>		
Sc	hedul	e H: Your Co	odebtors		12/15
1. 2.	Do you ha No Yes Within the	e last 8 years, have y	f you are filing a joint case, do  ou lived in a community pro  Mexico, Puerto Rico, Texas, Wi	perty state or territory?	Community property states and territories include Arizona, California,
	Yes.	Did your spouse, for	mer spouse, or legal equiva	lent live with you at the ti	me?
		No Yes. In which commu	unity state or territory did you	live?	Fill in the name and current address of that person.
		Name of your spous	e, former spouse, or legal equi	valent	
		Number Street			
		City	State	Zip Cod	e
3.	again as a	a codebtor only if tha	t person is a guarantor or c	osigner. Make sure you	your spouse is filing with you. List the person shown in line 2 nave listed the creditor on Schedule D (Official Form 106D), dule D, Schedule E/F, or Schedule G to fill out Column 2.
	Column 1	: Your codebtor			Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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			_			3			
Fill in	n this inf	ormation to identify	your case:						
Debt	or 1	Torinna		Johns	οn				
2000	.0. 1	First Name	Middle Name	Last N		1	Che	ck if this is:	
Debt								An amended filing	
(Spou	se, if filing)	First Name	Middle Name	Last N	lame			ŭ	
Unite	d States	Bankruptcy Court for	Northern	District of III	inois			A supplement showing post-petition cha expenses as of the following date:	pter 1
the:	numbor			(8	State)	)		expenses as of the following date.	
(If kno	number wn)						1	MM / DD / YYYY	
Off	icial	Form 106I							
		e I: Your In	come						12/1
inform spous numb	mation a se. If mo per (if kn	bout your spouse. I	f you are separated and l, attach a separate she y question.	d your spou	se is	not filing with yo	u, do i	r spouse is living with you, include not include information about your onal pages, write your name and o	
1 6	ill in you	r employment		Debtor 1				Debtor 2	
	nformatio				_				
I	f you have	e more than one job,	Employment status	Emplo	yed			Employed	
		parate page with about additional		✓ Not E	mplo	yed		Not Employed	
	employers		Occupation						
ı	nclude pa	rt time, seasonal, or	Employer's name						
S	self-emplo	yed work.							
	•	n may include student aker, if it applies.	Employer's address	Number St	reet			Number Street	
									<u> </u>
				City		State Zip C	ode	City State Zip Code	
			How long employed there?					·	
Part	t 2: Giv	e Details About N	onthly Income						
spo	use unles	s you are separated.	-	•				rite \$0 in the space. Include your non-fi	
		non-filing spouse have attach a separate she		, combine the	infor	·	yers fo	r that person on the lines below. If you n	ieed
						For Debtor 1		non-filing spouse	
2.			ary, and commissions (befo , calculate what the monthly		2.	\$	0.00		
3.	Estimat	e and list monthly ove	rtime pay.		3.	+ \$	0.00		
4.	Calcula	te gross income. Add li	ine 2 + line 3.		4.	\$	0.00		

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Deb	tor 1 I orinna First Name	Middle Name	Johnson Last Name		Case numbe known)	r <i>(if</i>			_
	riist Name	WINDER NATIO	Last Name		For Debtor 1	For Debtor 2 or non-filing spouse			
Co	ppy line 4 here		<b>→</b> 4.		\$0.00		•		
5. <b>Li</b> :	st all payroll deduction								
5	a. Tax, Medicare, and	Social Security deductions	5	a.	\$0.00				
5	b. Mandatory contrib	utions for retirement plans	51	b.	\$0.00				
5	c. Voluntary contribut	tions for retirement plans	50	C.	\$0.00				
5	d. Required repayme	nts of retirement fund loans	50	d.	\$0.00				
5	e. Insurance		56	e.	\$0.00				
51	f. Domestic support o	bligations	51	f.	\$0.00				
5	g. <b>Union dues</b>		5	g.	\$0.00				
5	h. Other deductions.	Specify:	51	h. +	\$0.00 +				
6. <b>Ac</b> +5h.	ld the payroll deduct	ions. Add lines 5a + 5b + 5c + 5d + 5e +5	5f + 5g 6.		\$0.00				
7. <b>C</b> a	alculate total monthly	y take-home pay. Subtract line 6 from lin	e 4. 7.		\$0.00				
8. <b>Li</b> :	st all other income re	egularly received:							
8:	business, professio	·							
		or each property and business showing ary and necessary business expenses, and	d						
	the total monthly net	t income.	88	a.	\$0.00				
81	b. Interest and divide	ends	81	b.	\$0.00				
8	dependent regular								
		ousal support, child support, maintenance and property settlement.	e, 80	c.	\$0.00				
8	d. Unemployment cor	mpensation	86	d.	\$0.00				
8	e. Social Security		86	е.	\$0.00				
8:	Include cash assistar cash assistance that	assistance that you regularly receive nce and the value (if known) of any non-you receive, such as food stamps (benefit ntal Nutrition Assistance Program) or	ts 81	f.	\$0.00				
8	g. Pension or retirem	ent income	8	g.	\$0.00				
81	h. Other monthly inco	ome. Specify:	81	h. +	\$0.00 +				
9. <b>A</b> c	dd all other income A	dd lines 8a + 8b + 8c + 8d + 8e + 8f +8g	+ 8h. 9.	. [.	\$0.00				
	•	ome. Add line 7 + line 9. ) for Debtor 1 and Debtor 2 or non-filing s	10 spouse	0.	\$0.00	-	=	\$0.0	00
In fri	clude contributions fro iends or relatives.	r contributions to the expenses that you man unmarried partner, members of you unts already included in lines 2-10 or amounts	r household,	your c	dependents, your roomr	,	_		
S	pecify:						11. +	\$0.0	<u>)0</u>
		e last column of line 10 to the amount e Summary of Schedules and Statistical St				•	12.	\$0.0	00
			•			- •		Combined monthly income	 ,
13.	No.	rease or decrease within the year after	you file this	form?	,				
L	Yes. Explain:								

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		200	amont rage of or	•		
Fill in this info	mation to identify you	r case:				
Debtor 1	Torinna		Johnson			
	First Name	Middle Name	Last Name	Check if this is:		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	An amended fili	ng	
United States I	Bankruptcy Court for th		District of Illinois	A supplement s	howing post-petiti	on chapter 13
Office States I	Dankiupicy Court for th	e. Northein	(State)	expenses as of	the following date:	
Case number (If known)				MM / DD / YYY	<del></del>	
Official	Form 106J					
<u>Schedul</u>	e J: Your Ex	penses				12/15
(if known). Ans	more space is needed swer every question. scribe Your Househ		is form. On the top of any addition	al pages, write your n	ame and case nu	ımber
1. Is this a jo	int case?					
✓ No. G	o to line 2					
	oes Debtor 2 live in a	separate household?				
ш						
	No S. I	(" O(" : 15				
	Yes. Debtor 2 must	tile Official Forms 106J-2, <i>Exp</i>	enses for Separate Household of Deb	or 2.		
2. Do you hav	ve dependents?	No				
Do not list I Debtor 2.	Debtor 1 and	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does depende with you?	ent live
	penses include	No				
than	of people other	.,				
yourself an dependent	-	Yes				
_		g Monthly Expenses				
-	of a date after the bar		s you are using this form as a suppl upplemental Schedule J, check the	-		he
		n-cash government assistanc d it on Sc <i>hedule I: Your Incon</i>			You	ır expenses
	I or home ownership or the ground or lot. 4.	•	Include first mortgage payments and		4.	\$0.00
If not inc	luded in line 4:					
4a. Real e	estate taxes				4a	\$0.00
4b. Prope	erty, homeowner's, or re	enter's insurance			4b.	\$0.00
4c. Home	maintenance, repair, ar	nd upkeep expenses			4c.	\$0.00

4d.

\$0.00

4d. Homeowner's association or condominium dues

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5. Additional mortgage payments for your residence, such as home equity loans         5.         \$0.00           6. Utilities:         6         \$0.00           6. Utilities:         6         \$0.00           6. Utilities:         6         \$0.00           6. Utility burner, internal gas         6         \$0.00           6. Chlophone, cull phone, Internal, satellite, and cable services         6         \$0.00           6. Chlophone, cull phone, Internal, satellite, and cable services         6         \$0.00           6. Chlore, Specify:         6         \$0.00           7. Food and housekeeping supplies         7         \$0.00           8. Chlidcare and chlidren's education costs         8         \$0.00           9. Clothing, Laundyr, and dry cleaning         9         \$0.00           10. Personal care products and services         11         \$0.00           11. Medicial and dental sevenese         11         \$0.00           12. Transportation, include gas, mainternance, bus or train fare.         \$0.00           13. Entertainment, clubsr, recreation, newspapers, magazines, and books         14         \$0.00           14. Charitable contributions and religious donations         14         \$0.00           15. Evidencia insurance         15e. <th< th=""><th>First Name</th><th>Middle Name Last Name</th><th></th><th></th></th<>	First Name	Middle Name Last Name		
Section   Sect				Your expenses
6a. Electricity, heat, natural gas   6a.   \$0.00   6b. Water, sewer, garbage collection   6b.   \$0.00   6c. Telephone, cell phone, internet, satellite, and cable services   6c.   \$0.00   6c. Total phone, internet, satellite, and cable services   6c.   \$0.00   6c. Other. Specify:	5. Additional mortgage payme	ents for your residence, such as home equity loans	5.	\$0.00
6b. Water, sewer, garbage collection         6b.         \$0.00           6c. Telephone, cell phone, Internet, satellite, and cable services         6c.         \$0.00           6d. Other, Specify:         6c.         \$0.00           7. Food and housekceping supplies         7.         \$0.00           8. Childcare and children's education costs         8.         \$0.00           9. Citothing, laundry, and dry cleaning         9.         \$0.00           10. Personal care products and services         10.         \$0.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$0.00           10. not include care payements         13.         \$0.00           14. Charitable contributions and religious donations         13.         \$0.00           15. Insurance         15.         \$0.00           15a. Life insurance deducted from your pay or included in lines 4 or 20.         15a.         \$0.00           15c. Vehicle insurance         15a         \$0.00           15c. Vehicle insurance         15a         \$0.00           15c. Vehicle insurance. Specify:         15a         \$0.00           17c. The insurance. Specify:         17a         \$0.00           17c. Ot	6. Utilities:			
6c. Telephone, cell phone, Internet, satellite, and cable services   6c.   \$0.00   6d. Other. Specify:	6a. Electricity, heat, natural g	as	6a.	\$0.00
6d. Other. Specify  6d. Other Specify  7. Food and housekeeping supplies 7. Specify 8. Sp.000 8. Childrare and children's education costs 8. Sp.000 9. Clothing, laundry, and dry cleaning 9. Clothing, laundry, laund	6b. Water, sewer, garbage co	ollection	6b.	\$0.00
7. Food and housekeeping supplies         7.         \$0.00           8. Childcare and childcare's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$0.00           10. Personal care products and services         10.         \$0.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$0.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance.         15s         \$0.00           15. Insurance.         15s         \$0.00           15b. Health insurance deducted from your pay or included in lines 4 or 20.         15c         \$0.00           15c. Vehicle insurance. Specify:         15c         \$0.00      <	6c. Telephone, cell phone, Ir	nternet, satellite, and cable services	6c.	\$0.00
8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$0.00           10. Personal care products and services         10.         \$0.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments         12.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance.         15a         \$0.00           15a. Life insurance deducted from your pay or included in lines 4 or 20.         15a         \$0.00           15b. Health insurance         15a         \$0.00           15c. Vehicle insurance.         15c         \$0.00           15d. Other insurance. Specify:         15c         \$0.00           15d. Other insurance. Specify:         15c         \$0.00           15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.         \$0.00           \$pecify:         17a         \$0.00           17a. Car payments for Vehicle 1         17a         \$0.00           17c. Other. Specify:         17c         \$0.00           17c. Other. Specify:         17c         \$0.00           17c. Other. Specify:	6d. Other. Specify:		6d	\$0.00
9. Clothing, laundry, and dry cleaning         9.         \$0.00           10. Personal care products and services         10.         \$0.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation, Include gas, maintenance, bus or train fare.         12.         \$0.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance.         15.         \$0.00           15. Insurance.         155.         \$0.00           15. Lie insurance deducted from your pay or included in lines 4 or 20.         15c.         \$0.00           15. Vehicle insurance         156         \$0.00           15. Vehicle insurance.         15c.         \$0.00 <td>7. Food and housekeeping su</td> <td>pplies</td> <td>7.</td> <td>\$0.00</td>	7. Food and housekeeping su	pplies	7.	\$0.00
10. Personal care products and services       10.       \$0.00         11. Medical and dental expenses       11.       \$0.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       12.       \$0.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13.       \$0.00         14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a       \$0.00         15a. Life insurance       15a       \$0.00         15b. Health insurance       15c       \$0.00         15c. Vehicle insurance       15c       \$0.00         15c. Vehicle insurance. Specify:       15c       \$0.00         15c. Vehicle insurance. Specify:       15c       \$0.00         15c. Vehicle insurance. Specify:       15c       \$0.00         15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         17b. Car payments for Vehicle 1       17a       \$0.00         17c. Car payments for Vehicle 2       17b       \$0.00         17c. Car payments for Vehicle 2       17c </td <td>8. Childcare and children's ed</td> <td>ducation costs</td> <td>8.</td> <td>\$0.00</td>	8. Childcare and children's ed	ducation costs	8.	\$0.00
11. Medical and dental expenses       11.       \$0.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       12.       \$0.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       13.       \$0.00         14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a       \$0.00         15b. Health insurance       15b. Health insurance       15c. Vehicle insurance       17c. Other. Specify:       17c. Other. Specify:       17c. Other. Specify:	9. Clothing, laundry, and dry	cleaning	9.	\$0.00
12.   Transportation. Include gas, maintenance, bus or train fare. Do not include car payments   12.   \$0.00 not include car payments   13.   \$0.00 not include car payments   14.   \$0.00 not include car payments   14.   \$0.00 not include car payments   14.   \$0.00 not include contributions and religious donations   14.   \$0.00 not include insurance deducted from your pay or included in lines 4 or 20.   15a. Life insurance   15a.   \$0.00 not include insurance deducted from your pay or included in lines 4 or 20.   15b. Health insurance   15c.   \$0.00 not include insurance   \$0.00 n	10. Personal care products a	nd services	10.	\$0.00
Do not included car payments   13.	11. Medical and dental expen	nses	11.	\$0.00
14. Charitable contributions and religious donations       14. \$0.00         15. Insurance.       Do not include insurance deducted from your pay or included in lines 4 or 20.         15a. Life insurance       15a. So.00         15b. Health insurance       15b. \$0.00         15c. Vehicle insurance       15c. \$0.00         15c. Vehicle insurance. Specify:       15d. \$0.00         15d. Other insurance. Specify:       15d. \$0.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       15c. Vehicle insurance. Specify:       16         17. Installment or lease payments:       16       \$0.00         17. Installment or lease payments:       17a       \$0.00         17b. Car payments for Vehicle 1       17a       \$0.00         17c. Other. Specify:       17c       \$0.00         17c. Other. Specify:       17c       \$0.00         17c. Other. Specify:       17c       \$0.00         18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).       18.         19. Other payments you make to support others who do not live with you.       \$0.00         Specify:       19.       \$0.00         20a. Mortgages on other property       20a       \$0.00         20b. Re	-		12.	\$0.00
15. Insurance.	13. Entertainment, clubs, rec	reation, newspapers, magazines, and books	13.	\$0.00
Do not include insurance deducted from your pay or included in lines 4 or 20.   15a. Life insurance   15a   \$0.00     15b. Health insurance   15c   \$0.00     15c. Vehicle insurance   15c   \$0.00     15c. Vehicle insurance. Specify   15d   \$0.00     15d. Other insurance. Specify   15d   \$0.00     15d. Other insurance. Specify   15d   \$0.00     16c   \$0.00     17c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.   Specify   16   \$0.00     17c. Installment or lease payments:	14. Charitable contributions a	and religious donations	14.	\$0.00
15b. Health insurance   15b   \$0.00     15c. Vehicle insurance   15c   \$0.00     15d. Other insurance. Specify:		ducted from your pay or included in lines 4 or 20.		
15c. Vehicle insurance	15a. Life insurance		15a	\$0.00
15d. Other insurance. Specify:	15b. Health insurance		15b	\$0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.   Specify:	15c. Vehicle insurance		15c	\$0.00
Specify:	15d. Other insurance. Specif	fy:	15d	\$0.00
17.   Installment or lease payments:   17a. Car payments for Vehicle 1   17a   \$0.00   17b. Car payments for Vehicle 2   17b   \$0.00   17c. Other. Specify:   17c   \$0.00   17d. Other. Specify:   17d   \$0.00   17d. Other. Specify:   17d   \$0.00   18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).   18.   19. Other payments you make to support others who do not live with you.   19.   \$0.00   20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.   20a   \$0.00   20b. Real estate taxes.   20b   \$0.00   20b. Real estate taxes.   20c. Property, homeowner's, or renter's insurance   20c. \$0.00   20d. Maintenance, repair, and upkeep expenses.   20d. \$0.00   \$0.00   \$0.00   20d. Maintenance, repair, and upkeep expenses.   20d. \$0.00   \$0.00   \$0.00   20d. Maintenance, repair, and upkeep expenses.   20d. \$0.00   \$0.00	16. Taxes. Do not include taxes	s deducted from your pay or included in lines 4 or 20.		
17. Installment or lease payments:  17a. Car payments for Vehicle 1  17a. So.00  17b. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify:  17d. So.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. 19. Other payments you make to support others who do not live with you.  Specify:  19. \$0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20b \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00	Specify:		16	\$0.00
17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. So.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00	17. Installment or lease paym	nents:		
17c. Other. Specify: 17d \$0.00 17d. Other. Specify: 17d \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18.  19. Other payments you make to support others who do not live with you.  Specify: 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20a \$0.00 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00	17a. Car payments for Vehic	le 1	17a	\$0.00
17d. Other. Specify:	17b. Car payments for Vehic	cle 2	17b	\$0.00
17d. Other. Specify:	17c. Other. Specify:		17c	\$0.00
your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. \$0.00  20b. Real estate taxes.  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.			17d	\$0.00
19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20b \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d \$0.00				\$0.00
Specify:	, , ,	,	18.	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c. Maintenance, repair, and upkeep expenses. 20d \$0.00		to support others who do not live with you.	10	<b>#0.00</b>
20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c. Maintenance, repair, and upkeep expenses. 20d \$0.00	-	ses not included in lines 4 or 5 of this form or on Schedule I: Your Income		\$0.00
20b. Real estate taxes.  20b. \$0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00				\$0.00
20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00				
20d. Maintenance, repair, and upkeep expenses.  20d \$0.00	20c. Property, homeowner's	s, or renter's insurance		
	20e. Homeowner's associati	ion or condominium dues	20e	\$0.00

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ame	Middle Name				
	Wilddic Harric	Last Name			
eify:			21		\$0.00
your monthly expense	es.				\$0.00
es 4 through 21.					\$0.00
ne 22 (monthly expens	ses for Debtor 2), if any,	from Official Form 106J-2			\$0.00
e 22a and 22b. The res	sult is your monthly exp	enses.	22.		
our monthly net inco	me.				
ne 12 (your combined	monthly income) from S	Schedule I.	23a		\$0.00
our monthly expenses	from line 22 above.		23b	_	\$0.00
		ncome.			\$0.00
sult is your monthly ne	t income.		23c		
e, do you expect to fin	ish paying for your car lo	oan within the year or do yo	ou expect your		
Explain here: Debtor lives at scho	ool, has no source of inc	come and has not had any	source of income in the last six months.		
1 i	your monthly expense es 4 through 21. ine 22 (monthly expense e 22a and 22b. The recour monthly net income 12 (your combined your monthly expenses but your monthly expense sult is your monthly net pect an increase or dele, do you expect to fin payment to increase or description.	your monthly expenses. es 4 through 21. ine 22 (monthly expenses for Debtor 2), if any, e 22a and 22b. The result is your monthly expenser from monthly net income. ne 12 (your combined monthly income) from 5 your monthly expenses from line 22 above. ct your monthly expenses from your monthly insult is your monthly net income.  sect an increase or decrease in your expensele, do you expect to finish paying for your car look any monthly increase or decrease because of a new payment to increase or decrease in pa	your monthly expenses. es 4 through 21. ine 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 e 22a and 22b. The result is your monthly expenses. rour monthly net income. ne 12 (your combined monthly income) from Schedule I. rour monthly expenses from line 22 above. ct your monthly expenses from your monthly income. sult is your monthly net income.  sect an increase or decrease in your expenses within the year after your day on you expect to finish paying for your car loan within the year or do you expense or decrease because of a modification to the terms of Explain here:	your monthly expenses.  es 4 through 21.  ine 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  e 22a and 22b. The result is your monthly expenses.  22.  rour monthly net income.  ne 12 (your combined monthly income) from Schedule I.  23a  rour monthly expenses from line 22 above.  23b  23c  23c  23c  23c  23c  23c  23c	your monthly expenses.  es 4 through 21.  ine 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  e 22a and 22b. The result is your monthly expenses.  22.  your monthly net income.  ne 12 (your combined monthly income) from Schedule I.  your monthly expenses from line 22 above.  23b  ct your monthly expenses from your monthly income.  sult is your monthly net income.  23c  ect an increase or decrease in your expenses within the year after you file this form?  le, do you expect to finish paying for your car loan within the year or do you expect your payment to increase or decrease because of a modification to the terms of your mortgage?  Explain here:

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Debtor 1	Torinna		Johnson
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for the:	Northern	District of Illinois (State)
Case number	-		. ,

Check if this is an amended filing

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Par	t 1: Sign Below								
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?									
	<b>✓</b> No								
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).							
	Under penalty of perjury, I declare that I have read the summary that they are true and correct.	and schedules filed with this declaration and							
x	/s/ Torinna Johnson	×							
^	Signature of Debtor 1	Signature of Debtor 2							
	5.g.,	5.9.14.1.0 0. 200.0. 2							
	Date 3/30/2018	Date							
	MM/DD/YYYY	MM/DD/YYYY							

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Fill ir	n this inf	formation to identify your	case:					
Debt	or 1	Torinna		Johnson	า			
		First Name	Middle N	ame Last Nar	ne			
Debt (Spou	or 2 ise, if filing	First Name	Middle N	ame Last Nar	me			
Unite	ed States	s Bankruptcy Court for the:	Northern	District of Illin	ois			
Case	numbe	er		(Sta	ate)			
(If kno								
Off	ficia	l Form 107						Check if this is a amended filing
		ent of Financia	al Affairs fo	or Individuals	Filing for	Bankru	intcv	04/1
Be as infor num	s comp mation ber (if l	olete and accurate as po n. If more space is need known). Answer every o	essible. If two ma ed, attach a sepa question.	nried people are filing rate sheet to this forr	together, both and the top of	are equally i	responsible for s	upplying correct
Part	1: Gi	ive Details About Your	Marital Status	and Where You Live	d Before			
1.	What	is your current marital st	atus?					
		Married Not married						
2.	During	g the last 3 years, have y	ou lived anywhere	other than where you I	ive now?			
	Ÿ	No /es. List all of the places y Debtor 1:	ou lived in the last	3 years. Do not include  Dates Debtor 1 lived there	where you live no	w.		Dates Debtor 2 lived there
					Same as I	Debtor 1		Same as Debtor 1
	<u>N</u>	Number Street		From To	Number Street	:		From To
	G	City State	Zip Code		City	State	Zip Code	
					Same as I	Debtor 1		Same as Debtor 1
	N	Number Street		From	Number Street	:		From To
	C	City State	Zip Code		City	State	Zip Code	
	<i>and tern</i> <b>√</b> No	the last 8 years, did you e ritories include Arizona, Calif o ss. Make sure you fill out S	ornia, Idaho, Louisi	ana, Nevada, New Mexico	o, Puerto Rico, Texa			mmunity property states

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Debt	tor 1	Torinna	Johnson		umber (if known)		
		First Name Middle	Name Last Nam	е			
Part	2:	Explain the Sources of Your Inc	ome				
	Fill i	you have any income from employment the total amount of income you receive ities. If you are filing a joint case and you not not with the case and you have. Fill in the details.	red from all jobs and all busin	esses, including part-time		ars?	
			Debtor 1		Debtor 2		
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	
		om January 1 of current year until e date you filed for bankruptcy:	Wages, commissions, bonuses, tips Operating a business		Wages, commissions, bonuses, tips Operating a business		
		or last calendar year: anuary 1 to December 31, 2017 ) YYYY	Wages, commissions, bonuses, tips Operating a business		Wages, commissions, bonuses, tips Operating a business		
		or the calendar year before that: anuary 1 to December 31, 2016 ) YYYY	Wages, commissions, bonuses, tips Operating a business		Wages, commissions, bonuses, tips Operating a business		
   	Incluicublication of the control of	you receive any other income during ide income regardless of whether that in ic benefit payments; pensions; rental incapion a joint case and you have income that each source and the gross income from No  Yes. Fill in the details.	come is taxable. Examples of come; interest; dividends; mo you received together, list it of	f other income are alimony; oney collected from lawsuits; only once under Debtor 1.	royalties; and gambling and lot		
			Debtor 1		Debtor 2		
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	
		rom January 1 of current year until ne date you filed for bankruptcy:					
		or last calendar year: lanuary 1 to December 31, 2017 )  YYYY					
		or the calendar year before that: lanuary 1 to December 31, 2016 ) YYYY					

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Debtor 1 Torinna Johnson Case number (if known) First Name Middle Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Was this payment Dates of payment Total amount paid Amount you still owe for Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Number Street Credit card Loan repayment Citv Suppliers or State 7in Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City Suppliers or State Zip Code vendors

Other

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l	Torinna			Jor	inson	Case number	(if known)
	First Name		Middle Name	Last	Name		
ic T	ders include your porations of which	relatives; an you are a for a busin	iny general partners in officer, director, p less you operate as	s; relatives of any operson in control,	general partners; part or owner of 20% or	nerships of which y more of their voting	who was an insider? ou are a general partner; securities; and any managing domestic support obligations,
7	No						
ī	Yes. List all pay	ments to a	an insider.				
				Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
	Insider's Name						
	Number Street						
_	City	State	Zip Code				
	Insider's Name						
	Number Street						
	City	State	Zip Code				
nsio nclu	der? ude payments on No	debts gua	for bankruptcy, or aranteed or cosigned to benefited an ins	ed by an insider.	payments or trans	fer any property o	n account of a debt that benefited an
				Dates of payment	Total amount paid	Amount you still owe	Reason for this payment  Include creditor's name
	Insider's Name						
	msider's Name						
	Number Street						
		State	Zip Code				
_	Number Street	State	Zip Code				
	Number Street  City	State	Zip Code				
_	Number Street  City  Insider's Name	State	Zip Code				

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Debtor 1 Torinna Johnson Case number (if known) First Name Middle Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Nature of the case Status of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded Citv State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the property Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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Debtor	1 Torinna	Johnson C	ase number (if known)	
	First Name Middle Name			
	/ithin 90 days before you filed for bankrupto ccounts or refuse to make a payment beca	tcy, did any creditor, including a bank or fin ause you owed a debt?	ancial institution, set off any amou	ints from your
<u> </u>	No Yes. Fill in the details.			
_	_	Describe the action the creditor	took Date action was taken	Amount
	Creditor's Name			
	Number Street			
		Last 4 digits of account number: X	XXX-	
	City State Zip Code	de		
	ithin 1 year before you filed for bankruptcy pointed receiver, a custodian, or another	y, was any of your property in the possessio official?	n of an assignee for the benefit of	creditors, a court-
<u>~</u>	<b>-</b>			
Part 5:	Yes  List Certain Gifts and Contributions			
rait 5.	List der talli dirts and dont ibutions			
13. V	Vithin 2 years before you filed for bankrupt	tcy, did you give any gifts with a total value	of more than \$600 per person?	
[ [	✓ No  Yes. Fill in the details for each gift.			
	Gifts with a total value of more than \$60 per person	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift			
	Number Street			
	City State Zip Code	de		
	Person's relationship to you			
	Person to Whom You Gave the Gift			
	Number Street			
	City State Zip Code Person's relationship to you	de		

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btor 1	Torinna		Johnson (	Case number (if known)		
		dle Name	Last Name			
	Uting a second of the Control of the			the state of a state		
Wi	thin 2 years before you filed for ban	kruptcy, did you give	any gifts or contributions v	ith a total value of m	ore than \$600	to any charity?
<b>✓</b>	No					
F	Yes. Fill in the details for each gift	or contribution.				
	Gifts or contributions to charities		cribe what you contributed		Date you	Value
	that total more than \$600	Des	cribe what you contributed		contributed	Value
	·					
	Classita Is Names					-
	Charity's Name					
	Number Street					
	Number Street					
	City State Z	ip Code				
6:	List Certain Losses					
<b>✓</b>	No Yes. Fill in the details.					
	Describe the property you lost an how the loss occurred	Inclupen	cribe any insurance coverage ude the amount that insurance ding insurance claims on line Property.	has paid. List	Date of your loss	Value of property lost
		700.	Troporty.			
. 7.	List Certain Payments or Tran	efore				
<b>✓</b>	No Yes. Fill in the details.					
		Desc	ription and value of any pro	perty	Date payment	Amount of
			cription and value of any pro sferred	. ,	or transfer	Amount of payment
	Samrad Law Firm	tran	sferred	•	or transfer was made	payment
	Semrad Law Firm Person Who Was Paid	tran		•	or transfer	
	Person Who Was Paid	tran	sferred	•	or transfer was made	payment
		tran	sferred	•	or transfer was made	payment
	Person Who Was Paid 11101 S. Western Avenue	tran	sferred	•	or transfer was made	payment
	Person Who Was Paid 11101 S. Western Avenue Number Street	Attor	sferred	•	or transfer was made	payment
	Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois	Attor	sferred	•	or transfer was made	payment
	Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois	Attor	sferred	•	or transfer was made	payment
	Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State Z  Email or website address	Attor	sferred	•	or transfer was made	payment
	Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois Good City State Z  Email or website address None	Attor	sferred	•	or transfer was made	payment
	Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State Z  Email or website address	Attor	sferred	•	or transfer was made	payment
	Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State Z  Email or website address None Person Who Made the Payment, if N	Attor	sferred	•	or transfer was made	payment
	Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois Good City State Z  Email or website address None	Attor	sferred	•	or transfer was made	payment
	Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State Z  Email or website address None Person Who Made the Payment, if N	Attor	sferred	•	or transfer was made	payment
	Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State Z  Email or website address None Person Who Made the Payment, if N	Attor	sferred	•	or transfer was made	payment
	Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State Z  Email or website address None Person Who Made the Payment, if N	Attor	sferred	•	or transfer was made	payment
	Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State Z  Email or website address None Person Who Made the Payment, if N  Person Who Was Paid  Number Street	Attor	sferred	•	or transfer was made	payment
	Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State Z  Email or website address None Person Who Made the Payment, if N  Person Who Was Paid  Number Street	Attor	sferred	•	or transfer was made	payment
	Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State Z  Email or website address None Person Who Made the Payment, if N  Person Who Was Paid  Number Street	Attor	sferred	•	or transfer was made	payment
	Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State Z  Email or website address None Person Who Made the Payment, if N  Person Who Was Paid  Number Street  City State Z	Attor	sferred	•	or transfer was made	payment

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Debt	or 1	Torinna		Johnson	Case number (if	known)	
		First Name	Middle Name	Last Name			
	help	nin 1 year before you filed you deal with your credit not include any payment or t	ors or to make paym		our behalf pay or tra	nsfer any property to ar	nyone who promised to
	<b>✓</b>	No					
		Yes. Fill in the details.					
				Description and value of transferred	any property	Date payment or transfer was made	Amount of payment
		Person Who Was Paid					
		Number Street		·   .			
		City State	Zip Code				
	the Inclu and	ordinary course of your bu ude both outright transfers at transfers that you have alrea	isiness or financial a nd transfers made as s	security (such as the granting of			
		Yes. Fill in the details.					
				Description and value of transferred		oe any property or nts received or debts pa lange	Date transfer was made
		Person Who Received Trans	sfer				
		Number Street					
		City State Person's relationship to you	Zip Code u				
		Person Who Received Trans	sfer				
		Number Street					
		City State Person's relationship to you	Zip Code				
	ben	nin 10 years before you file eficiary? ese are often called asset-pro		d you transfer any property to	a self-settled trust o	or similar device of whic	h you are a
		No	,				
	Ш	Yes. Fill in the details.		Description and value o	f the property transfe	erred	Date transfer was made
		Name of trust					

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Debtor 1 Torinna Johnson Case number (if known) First Name Middle Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance number instrument account was before closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City Zip Code State XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other Zip Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code State Zip Code 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Yes Number Street Number Street Citv State 7in Code

City

State

Zip Code

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Debtor 1 Torinna Johnson Case number (if known) Middle Name Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Nο Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code State Zip Code **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Date of Environmental law, if you know it notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code Zip Code State 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code City State Zip Code

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Deb	tor 1	Torinna			Johnson		Ca	ase number (/	if known)		
		First Name	N	Middle Name	Last Nam	ie					
26.	Hav	e you been a part	y in any judici	al or administr	ative proceeding	g under	any environme	ental law? Ir	nclude settlements ai	nd orders	
		No Yes. Fill in the det	tails.								
					Court or agency			Nature	of the case		Status of the case
		Case title			Court Name						Pending
		Case number			NumberStreet						On appeal Concluded
		_			•	tate	Zip Code				
Part	11:	Give Details Ab	oout Your Bu	usiness or Co	onnections to A	Any Bus	siness				
27.	Witt	A sole propri A member of A partner in a An officer, di	etor or self-en f a limited liabi a partnership rector, or mar at least 5% of	nployed in a tra lity company (L naging executive the voting or e	ade, profession, on the control of the control of the corporation of t	or other bility pa on of a corp	activity, either rtnership (LLP) poration	full-time or	connections to any bu	usiness?	
	Ш						re of the busin	iess	Employer Identification		
		Business Name			_				EIN:	·	
		Number Street			Name of a	ccounta	ant or bookkee	per	Dates business exi	isted	
		City	State	Zip Code					FromTo	0	_
					Describe t	he natu	re of the busin	iess	Employer Identification		
		Business Name			_				EIN:		
		Number Street			Name of a	ccounta	ant or bookkee	per	Dates business exi	isted	
		City	State	Zip Code					FromTo	o	
					Describe t	he natu	re of the busin	iess	Employer Identification		
		Business Name			_				EIN:		
		Number Street			Name of a	ccounta	ant or bookkee	per	Dates business exi	isted	
		City	State	Zip Code	_				FromTo	0	<u> </u>

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Debtor	1 Torinna		Johnson	Case number (if known)
	First Name	Middle Name	Last Name	<u> </u>
	Vithin 2 years before your reditors, or other partie		ou give a financial statement	to anyone about your business? Include all financial institutions,
Ī	Yes. Fill in the details	below.		
	_		Date issued	
			MM/DD 0000/	
	Name		MM/DD/YYYY	
	Number Street		<u> </u>	
	City	State Zip Code	<del>_</del>	
Part 1	2: Sign Below			
	oankruptcy case can res			or obtaining money or property by fraud in connection with years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
		of Debtor 1		Signature of Debtor 2
	Date 3/30	0/2018		Date
Dic	d you attach additional	pages to Your Statement of	f Financial Affairs for Individua	ls Filing for Bankruptcy (Official Form 107)?
<b>7</b>	No			
	Yes			
Dic	d you pay or agree to pa	y someone who is not an a	ttorney to help you fill out ban	kruptcy forms?
<b>✓</b>	No			
	Yes. Name of person			Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this information to identify your case:					
Debtor 1	Torinna		Johnson		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		Northern	District of Illinois (State)		
Case number (If known)			(0.111.5)		

Check if this is an amended filing

#### Official Form 108

#### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1.	For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.						
	Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?				
	Creditor's name:  Description of property securing debt:	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and	No. Yes.				
	Creditor's name:  Description of property securing debt:	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:	No. Yes.				
	Creditor's name:  Description of property securing debt:	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:	No. Yes.				
	Creditor's name:  Description of property securing debt:	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and	No. Yes.				

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Debtor	Torinna		Johnson	Case number (if	
1	First Name	Middle Name	Last Name	known)	-
Part 2:	List Your Unexpired Per	sonal Property Lease	es		
informa		state leases. Unexpired	leases are leases th	tory Contracts and Unexpired Leases (Official Form 106G), fill in the hat are still in effect; the lease period has not yet ended. You may	
De	scribe your unexpired person	al property leases		Will the lease be assumed?	
Les	ssor's name:			□ No □ Yes	
	scription of leased operty:				
Les	ssor's name:			□ No □ Yes	
	scription of leased operty:				
Les	ssor's name:			□ No □ Yes	
	scription of leased operty:				
Les	ssor's name:			□ No □ Yes	
	scription of leased operty:				
Les	ssor's name:			□ No □ Yes	
	scription of leased operty:				
Les	ssor's name:			□ No □ Yes	
	scription of leased operty:				
Les	ssor's name:			□ No □ Yes	
	scription of leased operty:				
Part 3:	Sign Below				
Und			ny intention about a	any property of my estate that secures a debt and any personal	
-	-				
_	/s/ Torinna Johnson		×		
S	Signature of Debtor 1			Signature of Debtor 2	
D	Pate 3/30/2018 MM/DD/YYYY			Date MM/DD/YYYY	

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B2030 (Form 2030) (12/15)

#### **UNITED STATES BANKRUPTCY COURT**

		Northern District	of IIIInois	
n re	Torinna Johnson		Case No.	
_	Debtor			(If known)
			Chapter	Chapter 7
	DISCLOSURE OF (	COMPENSATION	OF ATTORNEY F	OR DEBTOR
1	. Pursuant to 11 U.S.C. § 329(a) and Fe compensation paid to me within one y rendered or to be rendered on behalf of	year before the filing of the pet	tition in bankruptcy, or agreed to	be paid to me, for services
	For legal services, I have agreed to acc	cept		\$1,500.00
	Prior to the filing of this statement I ha	ave received		\$0.00
	Balance Due			\$1,500.00
2	. The source of the compensation paid	to me was:		
	<b>✓</b> Debtor	Other (specify)		
3	. The source of the compensation paid	to me is:		
	<b>✓</b> Debtor	Other (specify)		
4	. I have not agreed to share the abomembers and associates of my la		vith any other person unless the	y are
	I have agreed to share the above- members or associates of my law the people sharing in the compen	firm. A copy of the agreement		
5	. In return for the above-disclosed fee,	I have agreed to render legal s	ervice for all aspects of the bank	ruptcy case, including:
	<ul> <li>a. Analysis of the debtor's finance bankruptcy;</li> </ul>	cial situation, and rendering ac	dvice to the debtor in determining	g whether to file a petition in
	b. Preparation and filing of any p	petition, schedules, statements	s of affairs and plan which may b	pe required;
	c. Representation of the debtor a	at the meeting of creditors and	l confirmation hearing, and any a	adjourned hearings thereof;
6	. By agreement with the debtor(s), the a	above-disclosed fee does not i	nclude the following services:	
		CERTIFICAT	TION	
	I certify that the foregoing is a complete tor(s) in this bankruptcy proceedings.	estatement of any agreement of	or arrangement for payment to m	ne for representation of the
	3/30/2018		/s/ Susan Eberhardt	
	Date		Signature of Attorney	
			Semrad Law Firm	
	<del>-</del>		Name of law firm	

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans.
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc">http://www.justice.gov/ust/eo/hapcpa/ccde/cc</a> approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

In re:	Johnson, Torinna	Case No	
	Debtor(s)		
		Chapter.	Chapter7
	VERIFICATI	ON OF CREDITOR MAT	RIX
Th knowledge	ne above named Debtors hereby verify that e.	the attached list of creditors is tru	ue and correct to the best of their
Date:	3/30/2018	/s/ Johnson, Tori Johnson, Torinna Signature of Debi	a

IL Secretary of State 2701 S. Dirksen Parkway Springfield, IL, 62723

Raymond Cooke Theodore (Attorney) 25 W Randolph St, Chicago, IL, 60601

### CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC, to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I agree to pay The Semrad Law Firm, LLC \$1500.00 in attorney fees plus costs in the amount of \$387.00 to represent my interests in the preparation and filing of my Chapter 7 Petition and Schedules; preparation and attendance of the Section 341 Meeting of Creditors; review of any redemption agreements; review of any reaffirmation agreements; and case administration and monitoring. I further understand and agree that additional professional legal services will result in fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representing Client in Adversary Proceeding.

\$350.00/hr. \$31.00

Adding additional bills

\$1000.00

Motion to Reopen and Avoid Lien Motion to Reopen

\$350.00 + court costs

otion to reopen \$650.00 · court cost

I understand that these fees must be paid before such work will be completed. I acknowledge and agree that as the above additional fees constitute post-petition services, they are not dischargeable in my Chapter 7 case.

I also understand that, unless otherwise agreed, my Chapter 7 bankruptcy case will not be filed until I pay the attorney fees in full. As The Semrad Law Firm, LLC will begin to work on my file immediately after entering into this contract; I understand that any and all funds paid are not refundable.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay the balance of any unpaid fees to The Semrad Law Firm, LLC. Any fees owing to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy may be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay unpaid fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw representation in the event that I do not sign a second retainer after filing my case promising to pay said fees or in the event that I do not pay said fees.

I understand that any funds that I am tendering to The Semrad Law Firm, LLC, as part of this advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm. I further understand that it is ordinarily my option to deposit funds with an attorney that shall remain my property as security for future services. However, The Semrad Law Firm, LLC, does not represent clients under such a security retainer because the preparation of a bankruptcy case requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while others may be only ministerial in nature. I further understand that the benefit that I am receiving under this fee arrangement is the commitment of The Semrad Law Firm, LLC, to perform any and all work reasonably necessary to file my case absent any extraordinary circumstances.

As The Semrad Law Firm, LLC, has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC. This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.\*

I also understand that, if I am refiling a case with The Semrad Law Firm, LLC, and an audit of the previous case(s) indicate that remaining attorney fees are owed; any initial funds I pay to refile will first be applied to the balance owed on the previous case(s). If client breaches this agreement, client will be responsible for all costs associated with enforcing the terms of this contract including but not limited to court costs and attorney fees.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC, or an agent thereof.

Date: 03/30/2018

Torinna Johnson

The creditors listed in your bankruptcy petition will receive notice of your bankruptcy filing from the Clerk of the United States Bankruptcy Court. Please be advised that it will be several days before these creditors receive the notice. Therefore, if you are concerned about a particular creditor taking immediate action against you, contact this creditor directly and provide the creditor with a copy of your Notice of Bankruptcy Filing. This is especially important if you are at risk of having you vehicle repossessed, real estate foreclosed, or wages garnished.

\*DISCLAIMER

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Debtor 1 Torinna First Name	Johns Middle Name Last N		per (if known)			
Part 6: Answer These Que	estions for Reporting Purposes					
<sup>16.</sup> What kind of debts do you have?	"incurred by an individual print No. Go to line 16b.  Yes. Go to line 17.  16b. Are your debts primarily bus	narily for a personal, family, on the sign of the sign of the structure of	s are debts that you incurred to obtain on of the business or investment.			
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?			rempt property is excluded and administrative our unsecured creditors?			
18. How many creditors do you estimate that you owe?	☑ 1-49 □ 50-99 □ 100-199 □ 200-999	1,000-5,000 5,001-10,000 10,001-25,000	25,001-50,000 50,001-100,000 More than 100,000			
19. How much do you estimate your assets to be worth?	✓ \$0-\$50,000 ☐ \$50,001-\$100,000 ☐ \$100,001-\$500,000 ☐ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	ion \$1,000,000,001-\$10 billion llion \$10,000,000,001-\$50 billion			
20. How much do you estimate your liabilities to be?  Part 7: Sign Below		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	ion \$1,000,000,001-\$10 billion Ilion \$10,000,000,001-\$50 billion			
	I have examined this petition, and I	declare under penalty of per	ury that the information provided is true and			
For you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill					
	out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					
	I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.					
	/s/ Torinna Johnson Signature of Debtor 1		gnature of Debtor 2			
	Executed on 3/30/2018 MM / DD / Y		xecuted on			

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Fill in this infor	mation to identify your c	ase:			
Debtor 1	Torinna		Johnson		
	First Name	Middle Name	Last Name	-	
Debtor 2				_	
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for the:	Northern	District of Illinois	_	
Case number			(State)		
(If known)					
Official	Form 106De	<u>+C</u>			Check if this is a amended filing
Declarat	ion About an	Individual Deb	otor's Schedules		12/1
You must file t	his form whenever you the style of the style	file bankruptcy schedule		king a false statement, concealing pro 250,000, or imprisonment for up to 20	
✓ No	ay or agree to pay some	one who is NOT an atto	orney to help you fill out bankr  Attach Bankruptcy Pe Signature (Official For	etition Preparer's Notice, Declaration, and	
	are true and correct.	1 ~	ummary and schedules filed w	vith this declaration and	

Signature of Debtor 2

MM/DD/YYYY

Date

Signature of Debtor 1

MM/DD/YYYY

Date 3/30/2018

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Debto	or 1 Torinna	Johnson	Case number (if known)
	First Name Middle Name	Last Name	
	Within 2 years before you filed for bankruptcy, did you creditors, or other parties.  No Yes. Fill in the details below.	give a financial stat	ement to anyone about your business? Include all financial institutions,
		Date issued	
	Name	MM/DD/YYYY	<del></del>
	Number Street		
	City State Zip Code		
Part	12: Sign Below		
tr	rue and correct. I understand that making a false state	ement, concealing pr	chments, and I declare under penalty of perjury that the answers are operty, or obtaining money or property by fraud in connection with o to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
	/s/ Torinna Johnson Signature of Debtor 1	M.	Signature of Debtor 2
	Date 3/30/2018		Date
D	olid you attach additional pages to Your Statement of F	inancial Affairs for In	dividuals Filing for Bankruptcy (Official Form 107)?
<u> </u>	No Yes		
D	olid you pay or agree to pay someone who is not an atto	orney to help you fill	out bankruptcy forms?
G	<b>√</b> No		
	Yes. Name of person		Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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otor Torinna		Johnson	Case number (if					
First Name	Middle Name	Last Name	known)					
2: List Your Unexpired	Personal Property Leas	es	•					
any unexpired personal pro rmation below. Do not list ro ume an unexpired personal	eal estate leases. Unexpired	leases are leases that	Contracts and Unexpired Leases (Official Form 106G), fill in the are still in effect; the lease period has not yet ended. You may U.S.C. § 365(p)(2).					
Describe your unexpired personal property leases Will the lease be assumed?								
Lessor's name:			□ No □ Yes					
Description of leased property:								
Lessor's name:			□ No □ Yes					
Description of leased property:								
Lessor's name:			☐ No ☐ Yes					
Description of leased property:								
Lessor's name:			☐ No ☐ Yes					
Description of leased property:								
Lessor's name:			☐ No ☐ Yes					
Description of leased property:								
Lessor's name:			□ No □ Yes					
Description of leased property:								
Lessor's name:			□ No □ Yes					
Description of leased property:								
3: Sign Below								
Inder penalty of perjury, I de property that is subject to a		my intention about any	property of my estate that secures a debt and any personal					
/s/ Torinna Johnson Signature of Debtor 1	dime/ps	× Sig	nature of Debtor 2					
Date 3/30/2018 MM/DD/YYYY		Da						

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	UNITED STATES BANKRUPTCY COURT
	Northern/District of Illinois
	ANY Galas

In re:	Johnson, Torin	na O Blussoff	Case No	
	Debtor(s)		Chapter.	Chapter7
		VERIFICATION OF	CREDITOR MA	TRIX
Th knowledge		nereby verify that the attac	ched list of creditors is t	rue and correct to the best of their
Date:	3/30/2018	_	/s/ Johnson, To Johnson, Torin Signature of De	ina William agric

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Debtor	1 Torinna		Johnson		_ Case number	(if known)		
	First Name	Middle Name	Last Name		Column A Debtor 1		Column B Debtor 2 or	
							non-filing spouse	•
Do r und	er the Social Security A	you contend that the amour		t	\$0.00		-	
For	your spouse		<u>\$0.00</u> \$0.00					
FUI	your spouse		50.00					
ben	efit under the Social Sec	125		а	\$0.00			_
amo payr inter	ount. Do not include an ments received as a vict	ources not listed above.Sp y benefits received under the tim of a war crime, a crime ag rrorism. If necessary, list oth w.	Social Security Act or gainst humanity, or	Э				
							0	_
Tota	al amounts from separa	te pages, if any.			+\$0.00		+	_
						1. [		=
11. Ca each	alculate your total cu	rrent monthly income. Add	l lines 2 through 10 for		\$0.00	+		\$0.00
-	olumn. Then add the to	tal for Column A to the total	for Column B.					
				,				Total current
100000								monthly income
Part 2:	Determine Whet	her the Means Test Ap	plies to You					
	1E)	nonthly income for the yea	TO CO. TO SEE THE SERVICE STREET STREET, STREE					
12a	. Copy your total currer	nt monthly income from line	11.			Copy li	ne 11 here →	\$0.00
	Multiply by 12 (the nu	umber of months in a year).						X 12
12b	. The result is your ann	ual income for this part of th	e form.					12b. <u>\$0.00</u>
13 Cal	culate the median far	mily income that applies to	you. Follow these step	os:				
Fill i	n the state in which you	u live	Illinois					
1.111.1	ir the state in which you	u iive.	1					
Fill i	n the number of people	e in your household.	I					
	n the median family inc sehold.	ome for your state and size	of				man on the state of the	13. <u>\$51,317.00</u>
inst	ructions for this form. T	nedian income amounts, go This list may also be available			separate			
14. Ho	w do the lines compa	re?						
14a	Line 12b is less to Go to Part 3.	han or equal to line 13. On t	he top of page 1, check	box 1, There	e is no presumpti	on of abı	use.	
14b	Line 12b is more Go to Part 3 and	than line 13. On the top of fill out Form 122A-2.	page 1, check box 2, Th	ne presumpti	on of abuse is de	termined	by Form 122A-2.	
Part 3:	Sign Below							
Ву	signing here, I declare	under penalty of perjury that	the information on this	statement ar	nd in any attachm	ents is tr	ue and correct.	
		1111						
×	/s/ Torinna Johnsoi	n Many	1 mr	×				
	Signature of Debtor 1	10000	WIV		re of Debtor 2			
	and an age of contains a transportation of	7						
	Date 3/30/2018 MM/DD/YYYY			_	/30/2018 MM/DD/YYYY			
		, do NOT fill out or file Form , fill out Form 122A-2 and fi						
	i you oncored line 140	, im Jut i Jiiii 1227-2 aliu ii	o a with this follow.					